

PERODUA SALES SDN BHD (066332U) SUNGAI CHOH, LOCKED BAG 226 48009 RAWANG, SELANGOR DARUL EHSAN

PERODUA AUTO ASSIST CLAIM FORM

[] Loss Personal Belonging (Car Break-In) *

TOTAL

Note: Max amount of RM150 per incident

Note: Max amount of RM600(Breakdown) &

[] Other Benefits *
Please state :.....

[] Data Not In Record *

RM300(Accident)

7.

Name of Member : Name of Authorized Driver : NRIC : Tel No. : Vehicle Registration No : Vehicle Registration Date :		Repair Amount	:		
		Outlet Name & PIC	:		
		- Bank Name :			
		Account No	: -		
		Current Address	: -		
		<u> </u>	_		
Breal	kdown/Accident Date:	_	_		
	PARTICIII ARS	T		AMOL	INT
No	PARTICULARS (Please tick ($$) if applicable)	DOCUMENTS	I	AMOL RM	JNT Sen
No		DOCUMENTS () Warded / Medical Re () Police Report () Perodua Repair Orde () Official Receipt			
	(Please tick (√) if applicable) Medical Benefits * [] Hospitalization : RM150/day @ max 5 days (RM750) only per incident OR	() Warded / Medical Re () Police Report () Perodua Repair Orde	er		
1.	(Please tick (√) if applicable) Medical Benefits * [] Hospitalization : RM150/day @ max 5 days (RM750) only per incident OR [] Outpatient : Up to RM100 [] Car Rental ¹² *	() Warded / Medical Re () Police Report () Perodua Repair Orde () Official Receipt () Rental Receipt () Police Report	er		
2.	(Please tick (√) if applicable) Medical Benefits * [] Hospitalization : RM150/day @ max 5 days (RM750) only per incident OR [] Outpatient : Up to RM100 [] Car Rental ^{1 2 *} Note: Max amount of RM100 only per incident [] Hotel Accommodation ^{1 *}	() Warded / Medical Re () Police Report () Perodua Repair Orde () Official Receipt () Rental Receipt () Police Report () Perodua Repair Orde () Hotel Receipt () Police Report	er		

) Police Report

) Police Report

) Photos of Incident

() Insurance Cover Note

Perodua Repair Order

) Relevant Particulars/Details



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Subject to:

- 1. Accident and breakdown occurs 100km from the customers' place of residence. 1
- 2. Total cost of repair should be RM3500 and above. 2
- 3. All reimbursement claims must be accompanied by this Claim Form, Insurance Cover Note/Policy and copy of owner IC.
- 4. Documentation for claims must be submitted within 2 weeks form the date of breakdown/accident. Otherwise, all benefit entitlement will be forfeited.
- 5. All vehicles must be repaired at Perodua Service Centers or Perodua Body & Paint.

CLAIM MADE BY,			
Customer Name :			
Request Date :			
APPROVAL AND ACKNOWLEDG	EMENT		
(I) PERODUA SALES SDN BHD (F	PSSB)		
Checked and Approved by,			
Asst. Mgr / Mgr / Snr. Mgr / DGM	I/GM :		
Date	:		
Company Stamp	:		